



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

December 27, 2018

Ms. Joyce Jacobs, Manager
Windover House
451 Vt Route 66
Randolph, VT 05060-9387

Dear Ms. Jacobs:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 5, 2018**. Please post this document in a prominent place in your facility.

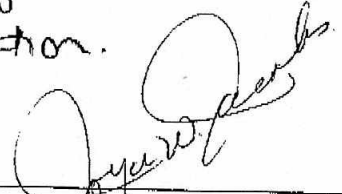
We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

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|---|---|--|---|--------------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0109 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED 12/05/2018 |
| NAME OF PROVIDER OR SUPPLIER WINDOVER HOUSE | | STREET ADDRESS, CITY, STATE, ZIP CODE 451 VT ROUTE 66 RANDOLPH, VT 05060 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| R100 | Initial Comments: An unannounced on-site re-licensure survey was conducted by the Division of Licensing Protection on 12/5/18 to determine compliance with the Residential Care Home (RCH) Licensing Regulations. The following regulatory violations were identified: | R100 | | | |
| R179 SS=F | V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced | R179 | R179 12° of inservice will be provided to each employee and Records maintained by the nurse by a monthly check - By Dec. 31, all current staff will have the required amt of inservice education.  | | |

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

CDDO11

Vice President

12/18/18

If continuation sheet 1 of 3

R-179
12/20/18
P.O.C.
Accepted
J. Menton

Division of Licensing and Protection

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|---|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0109 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 12/05/2018 |
|---|---|--|---|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WINDOVER HOUSE

451 VT ROUTE 86

RANDOLPH, VT 05080

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------------|--|---------------------|---|--------------------------|
| R179 | Continued From page 1 by: Based on staff interview and record review, the RCH failed to ensure that all staff providing care and services to residents received the annual 12 hours of mandatory training. Findings include: Per interview on 12/5/18 at 2:15 PM the RCH owner/manager confirmed the yearly training had not been provided to all staff who provide care and services to the 8 residents who reside at the facility. | R179 | | |
| R190 SS=F | V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on interview and record review, there was a failure to provide evidence for 4 of 4 staff that the Vermont Criminal Information Center (VCIC) checks had been completed. There was also a failure to conduct adult abuse registry checks for 2 of 4 RCH staff and a failure to conduct child abuse registry checks for 4 of 4 staff. Findings include: Per review of personnel records for 2 staff members who contribute to direct care for the 8 residents of the RCH found only adult abuse registry had been conducted. VCIC and child abuse registry checks have not been conducted for all 4 staff members. This was confirmed on 12/5/18 at 2:15 PM by the owner/manager. | R190 | R190 All staff have had completed the background check @ present. Going forward, anyone who is newly hired will have the investigation to the registry completed | |

Division of Licensing and Protection
STATE FORM

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CDD011

If continuation sheet 2 of 3

R-190-

P.O.C

Accepted

DeeTash
12/20/18

Division of Licensing and Protection

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|--|--|--|---|--------------------|--|
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| NAME OF PROVIDER OR SUPPLIER WINDOVER HOUSE | | STREET ADDRESS, CITY, STATE, ZIP CODE 451 VT ROUTE 66 RANDOLPH, VT 05060 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| R302 R302 SS=D | <p>Continued From page 2</p> <p>IX. PHYSICAL PLANT</p> <p>9.11 Disaster and Emergency Preparedness</p> <p>9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the RCH owner/manager failed to ensure fire drills were conducted quarterly and rotated during required times of day to include morning, afternoon, evenings and nights. Findings include:</p> <p>Per review of fire drills conducted from 11/17/17 through 9/5/18 only 3 drills were performed. Two drills were conducted in the morning and one drill in the afternoon. This was confirmed by the owner/manager on 12/5/18 at 2:10 PM.</p> | R302 R302 | <p>R302</p> <p>① By Dec. 31, a night fire drill will be completed</p> <p>② The fire drills in 2019 will be on a rotating basis to cover the Regulations -</p> <p>R-302 - Accepted P.O. De. J. Intosh 12/10/18</p> <p><i>Joyce [Signature]</i></p> | | |